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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. dacs. Ilf death occurred in -Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE SSINGLE. MARRIED, 191 -WIDOWED, (Write the word) (Day (Year) Y. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or amployar) \*9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT 1. Killowil. CANSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ (State or country) \_ mos. \_ Where was disease contracted. KNOWLEDGE If not at place of death? .. Former or usual rasidence. 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarrlage as "Puerperal septichaccause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occorred is -Ward) a hospital or lostitution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 4 COLOR OR RACE S BINGIT! 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Dav (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) TAGE If LESS than end that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or employer) ------BIRTHPLACE Contributor (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE , 191. (Addrass) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Al place to the OF MOTHER (State or country) of death \_\_\_ \_\_\_\_ yrs. \_\_\_\_ \_ mos. \_ State \_\_\_\_\_ vrs.\_ Where was disease confracted. if not at place of death? Former or (informant). osoal residence DATE OF BURIAL (Address) ADDRESS Filed

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. For many occupatious a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of For VIOof



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Count	PLACE OF DEATH  June Current	STATE OF MARYLAND CERTIFICATE OF DEATH
/illag	o or City Brooklyn Q (Not),	Registration Dist. No.  St.; Ward)  [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); I.obar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning; Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. Always qualify all diseases resulting from childby railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in St: .....Ward) a hospital or institution. give its NAME instead of street and number. 1 <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIOOWEO. ORGIVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at. 1 day. hrs. The CAUSE\_OF DEATH \* was as follows: min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF FATHER OF FATHER (State or country) ARENTS \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ Where was disease contracted. If not at place of death? Former or DATE OF BURIAL Address ADDRESS if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially ln lndustrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulmine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing disease, the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinetaus of lungs, meninges, peritonaeum, etc.. Carcinetaus in the same disease of lungs, meninges, peritonaeum, etc.. Carcinetaus in the same accepted to the same accepted term for the same acce

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpenal scottichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915
BURBATINE

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

	13083	
ANS ant of	PLACE OF DEATH	STATE OF MARYLAND
Nen Sen	County and amale	CERTIFICATE OF DEATH
HYSICIAN statement		Registration Dist. No. 22
PH	Village or City & Ambrille (No.	St.: Ward) [If death occurred in
CTLY.	2 FULL NAME Sarah J. Bo	a hospital or institution, give its NAME instead of street and number.]
EXAC sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ated	Wemay Color of RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
be st perly cate	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
ould be prop	unknown Junknown 1864	, 191, to, 191,
sho of of	(Month) (Day) (Year)  7 AGE If LESS than.	and that death occurred on the date stated above, at
Q E &	1 day, hrs.	The CAUSE OF DEATH * was as follows:
at it	b occupation	Shock carried by fall
0 th	(a) Irade, profession, or particular kind of work	from normy Cip for
7	(b) General nature of industry	If I accident
fully su terms,	business, or establishment in House - work	(Durstion yrs. moa. da.
ain te	BIRTHPLACE (State or country) maryland	Contributory Secondary
in pla	10 NAME OF SATHER SA A BOUND	(Stigned) By son Whell poroner, the
TH	U 11 BIRTHPLACE	august-16 191.5 (Address)
F DEAT	U 12 MAIDEN NAME /	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	MAIDEN NAME CON MOTHER CON RUSING	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
uSE O	13 BIRTHPLACE OF MOTHER (State or country)  Maryland	OR RECENT RESIDENTS) At place In the st deathyrs
o CA	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place at death?
tate ATI	(Informant) Jondon Drown	Former or usual residence
d s UP/	Gunhalla Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every item should state OCCUPATI	(Address) Futuroniles 11/0.	Mrt Jahor semelery G. a. Co & Cinquet 16, 1915
 	Fleedling 16, 1915 Noliday a Shar	20 UNDERTAKER ADDRESS
ż	If more blanks are peeded add as State Positions 1	16 W. Santon St. Pales Proporting V. S. No. 1
	If more blanks are needed, address State Registrar, 1	to w. saratoga ot., Datto., nequesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekcepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various questits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. "Puerperal perilonilis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "An aemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Scnile," etc.), The contributory (secondary or intercur-"Dropsy," corbolic acid-probably "Atrophy," "Col-"Exhaustion," ACCIDENTAL, unportant.



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File	N. B.—Every item of information should be carefully supplied. should state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on	d (A
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PLACE OF DEATH 13084	STATE OF MARYLAND	
County U Q	CERTIFICATE OF DEATH	
	Registration Dist. No. 2/	
Village or City Bay Ridge (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
<sup>2</sup> FULL NAME COUGE TERMIN		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White Stronger Married, Married OR DEVORCED OR DEVORCED	16 DATE OF DEATH (Month) (Day) , 1915	
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended deceased from	
July 20, 1846 Month) (Day) (Year)	that I last saw h alive on Dely 7 1915	
7 AGE If LESS than	and that death occurred on the date stated above, at	
1 day, hrs.	The CAUSE OF DEATH * was as follows:	
lo 7 yrs. mes. 8 ds. OR min.?	archal Almonbane	
a) Trade, profession, or Ph. Jon Al.		
particular kind of work		
(b) General nature of industry business, or establishment in	(Quretton) yrs. moo. 15 de	
which employed (or employer)	contributory aterio & clerosia	
9 BIRTHPLACE (State or country)  (State or country)	Secondary The salls 114 known	
10 NAME OF CO.	(Buratton) yrs. mos. do	
FATHER Geo. R. Duffhage	(Signed) Walton Hotelin M.	
11 BIRTHPLACE OF FATHER (State or country) Fordow Eng	State the Dressen Carrier Deams or in Heathe from Violent	
11 BIRTHPLACE OF FATHER (State or country) Fordow Eng 12 MAIOEN NAME OF MOTHER Way ohnson	CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIOAL.	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country)  State or country)	At place tn the ef doeth yre. mee. de. State, yre. mos. de	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease controcted,  If not ot place of death?	
(Informant) Mrs Leo J. 13 replace	Formor or usual rapidance	
(Address) Day day on Myd.	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL	
15 O ment	20 AINOFPTAKER ADDRESS	
Filed Muy 1915 HEGISTRAR	James S. Pay & Son and Comboli	
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question write None. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "PUERPERAL septicharmia," ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ehild-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause Never report mere mound



1 PLACE OF DEATH STATE OF MARYLAND HYSICIAN CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in Village or City 0 St.:....Ward) a hospital or Institution, give its NAME instead EXACTLY. of street and number. RECORD <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 16 DATE OF DEATH clas COLOR OR MARRIED, PERMANENT WIODWEO OR OIVORCED (Write the word) (Month) (Day) (Year) EREBY CERTIFY, That Lattended deceased from pe DATE OF BIRTH pino ce pe (Dav) (Year) 7 AGE If LESS than 50 may and that death occurred on the date stated above. ш 1 day, hrs. S O The CAUSE OF DEATH \* was as follows: min. ? OR . d pa mas ... ds. no OCCUPATION tha supplied (a) Trade, profession, or particular kind of work INK 20 no (b) General nature of industry terms, instructi business, or establishment in UNFADING (Duration) carefully which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) ee in (Buration) 20 10 NAME OF FATHER C 0 (Signad) pino I rtant S 11 BIRTHPLACE ARENT OF FATHER 4 S A \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) impoi CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, C 12 MAIDEN NAME 0 SUICIDAL OF HOMICIDAL. ation OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 Еш OR RECENT RESIDENTS 13 B'RTHPLACE inford S At ptace In the OF MOTHER (/) 5 (State or country) el death .....утв. ... mes. .... State. Where was dissass contracted. Z 14 THE ABOVE IS Every item of should state C OCCUPATION of if not at place of doath? Former or usuat residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Address ..., 191 15 20 UNCERTAKER ADDRESS m AL REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retirco state occupation at beginning of illness. If retired from or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the oeeupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many oecupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oeeupathe second statement. Never return "Laborer," foreman," "Manager," "Dealer," etc., without more is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomolive engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequenees (e. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from ehildete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ," "Old Age," "Shoek," "Uracmia," "Weakness," by railway train-accident; Revolver Examples: Accidental drowning; State cause for which "Atrophy," "Col-Never report mere neound



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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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1	PLACE	OF	DEATH	
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County County



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[It death occurred in

	FULL NAME Clara Cec	give its HAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 31	EX 4 COLOR OR RACE 5 SINCLE, MARRIED, SWIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH MNENOWN, 1	that I last saw h salive on say 14 1915.
7 A	(Montb) (Day) (Year)  GE   It LESS than   t day,hrs.   ORhrs.   ORhln. ?	and that death occurred on the date stated above, at 1810 Pm.  The CAUSE OF DEATH* was as follows:
pa (b) bus	CCUPATION ) Trade, profession, or ricular kind of work  General nature of industry, siness, or establishment in lich employed (or employer)	Chronic Pulmonary Luke remonder yrs. mos. ds.
9 B	IRTHPLACE tate or country) Miryland.	Contributory (Secondary)  (Duration) yrs
RENTS	11 BIRTHPLACE OF FATHER (State or country) Waryland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
14-	(Intermant). The Best of MY KNOWLEDGE  (Intermant). The B	Where was disease contracted, It not at place of death?  Former or usual residence
15 FI	1915 S PEGISTRAR	20 UNDERTAKER. How Waksburg
	// If more blanks are needed, address State Regis trar. 6	E. Franklin St. Balto Requesting V S No 1

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or indust; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Turreneal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. mus," "Old Age," "Shock," "Tracmia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory Mcastes (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can death), 29 ds.: State cause for Examples:



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13087 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. give its NAME instead of streef and number. ] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR, RACE 5 SINGLE. DATE OF DEATH MARRIER WISOWED? Write the word) (Month) (Day (Year) 17 I HEREBY CERTIFY. That 1 attended deceased from OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a f day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) ...Yrs... .mos..... which employed (or employer) -----9 BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. ..... mos. .. State\_ \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO BEST OF MY If not at place of death?.. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF, BURIAL (Address) ----15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Mcdical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7 1915

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

Village or City Chame Alle 4 370	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St; Ward)  [If death eccurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH LE CHAPTER (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE  (Monch) (Day) (Year)  7 AGE  1 (LESS than 1 day, hrs. OR min.?	that I last saw h I alive on and I on 191/5, and that death occurred on the date stated above, at / Dm.  The CAUSE OF DEATH * was as follows:
parlicular kind of work  (b) General nature of lodustry business, or establishment in which empleyed (or employer)  9 BIRTHPLACE (State or country)	(Oursilon) yre mos. / ds.  Contributory Overefation Secondary
10 NAME OF FATHER DINK KNOW.  11 BIRTHPLACE OF FATHER (State or country) DINK KNOW.  12 MAIDEN NAME OF MOTHER OTHER OT	*State the Dispasse Causing Drath, or, in deaths from Violent Causing, state (1) Means of Injusy; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Pont Rings	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place in the ef deeth yre. mee. ds. Stote, yre. mes. ds.  Where was dissee contracted,
(Informant) 2 6 Called Agents	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Flied aug 12, 1915 - MuSNElch REGISTRAR	Washington No duy IV., 1915 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

March

[Approved by U. S. Census and American Public Health . Association.]

state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook. employed, as At school or At home. Care should be only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, ness of various pursuits can be known. The question write None. Housemaid, etc. mobile factory. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection peed not be stated unless important. nephrulis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for inalignant neoplasms); Measles, Whooping to determine definitely. The nature of the injury, as fracture of skull The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion,"



1 PLACE OF DEATH 13089	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City annaholis (No. Obr	Registration Dist. No.  [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race 5 SINGLE, MARRIED, Single without of an army of the word)	16 DATE OF DEATH Angust (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
about Mikewowste, 1 - (Month) (Day) (Year)	that I last saw h alive on, 191,
7 Age If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm
or min.?	The CAUSE OF DEATH * was as follows: bruyy
(a) Trade, profession, or Sailor  Aparlicular kind of work	carried by fulling down stept
(b) General nature of lodustry business, or establishment in	(Quretion) yrs. mos. ds
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  [Builtiss ] Tree   100
FATHER LAMPS Davis	(Signed) / War 15 / Margh Care May
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME: 144	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
of MOTHER Margret Davis	SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Connaholis bid	At place in the second
(Informant) Filly Davis tarker	If not at place of death?
(Address) South St=.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  So Ewskill Coul 8 1/0 1915
Filed aug 10, 1915 - Ams Welch	20 UNDERTAKER PSON 92 WEST ST
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health .

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil cngineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative bealthfulis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form particle statement. Never return "Laborer," If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges; perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such; if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage as "Puenperal septichuemia," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephratis, etc. cough; Chronic vulvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere "Exhaustion," nound



Village or City Watertry (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No.  [it death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SENGLE, MARRIED Rigle WIDOWED, ORDIVORCED (Write the word)  8 DATE OF BIRTH  July 31  1911	16 DATE OF DEATH  Alonth  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  [191]  [191]  [191]  [191]  [191]  [191]
7 AGE   Mon(h) (Day) (Year)  7 AGE   It LESS than t day,hrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) Beneral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  MASYLAND	Contributory (Secondary)  (Duration)
10 NAME OF FATHER John Diggs  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Man, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informani)  2 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence.
(Address)	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  POLICE OF BURIAL  20 UNDERTAKER A A CO ADDRESS  P. J. Welliams Von Wansburg  1, 6 E. Franklin St., Balto., Requesting V. S. No. 1.  Md

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. it should be used only when needed. first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons

Statement of cause of death--Name, first, the disease causing death--Name, first, the disease causing death--Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tctanus) injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
SEP 71915
BUREAU, V.S.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING UNFADING INK-THIS IS RESERVED FOR WRITE PLAINLY, WITH MARGIN

No. 1.

V. 8.

N. B.

Col	Unity The Crumbal	STATE OF MARYLAND CERTIFICATE OF DEATH
Vill	lage or City McKengles (No.	Registration Dist, No.  St.; Ward)  St.; Ward)  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
-	*FULL NAME Mary DVT	2 y
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J2	But Single, Married, Married, Willowson, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Molth)  (Day  (Year)  17  1 HEREBY CERTIFY, That I strended decessed from
6 DATE OF BIRTH & CC. 24 ,863		aug 24, 1915, to lug 28, 1915.
7 AC	(Month) (Day (Year)	and that death occurred on the date stated above, st
51 yrs 8 mos 4 1 day,hrs.  OR min.?		The CAUSE OF DEATH* was as tellows:
(a) Trade, profession, or Housewife		January January Comments of the Comments of th
(b) General nature of Industry, business, or establishment in which employed (or employer)		(Duration) yrs mos. 8 ds.
* State or country)		Contributory Secondary  (paration) yrs mos ds.
	10 NAME OF EASTON	(Signed) (Signed) M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARI	12 MAIDEN NAME OF MOTHER UNKNOWN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot deathyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?————————————————————————————————————
(Informant) Mol Cendree		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 (1. 25 - AND)		Friendship, md' (up. 29, 191)
Filed W 191) Corre		Nach. J. Wood Frendly had

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Meastes (disease causing death), 29 ds.; (secondary or intercurrent)



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND		
County a a Co	CERTIFICATE OF DEATH		
a la	Registration Dist. No.		
has att.	The same and the same as a second sec		
Village or City Magazine (No,	St.; Ward) [If death occurred in a hospital or institution,		
6 10	give its NAME Instead		
FULL NAME Thomas & Duvill			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX" 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH august 9, 1915		
Male Mhile OR DIVORCED (Write the word)	(Month) (Day) (Year)		
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from		
	fam ,1915, to august 9, 191 );		
Month) (Day) , 1840	that I last saw him alive on aug 7, 1917,		
7 AGE If LESS than	and that death occurred on the date stated above, at 3 R m.		
75 yrs. 3 mos 6 ds 1 day, hrs. or min.?	The CAUSE OF DEATH * was as fellows:		
8 OCCUPATION	Chronic nestrete.		
(a) Trade, profession, or Farmer	Vinone reporta		
(b) General nature of industry			
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.		
9 BIRTHPLACE (State or country)	Contributory Secondary		
Maryland	(Ouration)yrsmosds.		
10 NAME OF SILO	(Signed) James & Bellergeles M. O.		
11 BIRTHPLACE	aug 10. 191 F (Address) Elvator ma		
11 BIRTHPLACE OF FATHER (State or country) Garyland  12 MAIDEN'NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violeyr		
OF MOTHER	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.		
a Mary Whilehead	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER	At place in the		
(State or country) Mary and	of deathyrsmosds. State,yrsmosds.  Where was disease contracted,		
	If court place of death ?		
(Informant) / 1 chard B Dwall (Son)	usual residence		
(Address) Tolley aa Co Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15	magothy Cemetery ling 11 1915		
Filed aug 10 191 I & Bellengiles	20 UNDERTAKER ADDRESS		
REGISTRAR	anstrongling to 715 Light St		
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Regidesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered; as Hause--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Labarer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "Gerchospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Preumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as prabably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conbirth or miscarriage as "PUERPERAL septichaemio," cause. Always qualify all diseases resulting from childgenital," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic -vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," Never report mere "Exhaustion,



STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mobile factory. especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound "PUERPERAL perilonilis," etc. State eause for which birth or misearriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning cause. Always qualify all diseases resulting from child-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstilial " "Old Age," "Shock," "Urarmia," "Weakness, The contributory (secondary or intercur-Never report mere



1 PLACE OF DEATH STATE OF MARYLAND EXACTLY. PHYSICIANS sified. Exact statement of CERTIFICATE OF DEATH County Registration Dist. No. Lif death occurred in Ward) a hospital ar institution. give its NAME instead of street and number. ] RECORD classified PERSONAL AND STATISTICAL PARTICULARS SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH Write the word (Month) be properly certificate attended deceased from 6 DATE OF BIRTH pino (Month) (Day) Year) 7 AGE If LESS than 0 may 1 day, hrs. O min. ? S OR OCCUPATION 00 supplied (a) Trade, profession, or particular kind of work 80 (b) General nature of lodustry terms, Instructi business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary OB 10 NAME OF FATHER pino 11 BIRTHPLACE PARENT OF FATHER d State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 EW 13 BIRTHPLACE S to the OF MOTHER 2 Ø (State or country) of death Every item of in should state CA OCCUPATION Where was diseasa contrected. 14 THE ABOVE KNOWLEDGE if not al place of death? Former or-(Informant) usual residence OR (Address 15 ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. engaged in domestie service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household-only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used write None. or given up on account of the nisease causing nearn, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. Nevèr return mobile factory. The material worked on may form part know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eiun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee "PUERPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-(name origin; "Caneer" is less definite; avoid use of or miscarriage as "Puerpenal scpticharmia," by railway train-accident; Revolver "Senile," ete.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause Never report mere (Recommendations for which wound of



statement of		¹ PLACE (	OF DEATH 1:	3095 P \( \)		9	CERTIF	E OF MAR FICATE OF	DEATH 16	
Exact	Village	e or City <sup>2</sup> FUL	L NAME	V- (No	Ju	ildo	(Still )	ward)	a hospital or institution, give its NAME instead of street and number.]	
45		PERSO	NAL AND STATIS	TICAL PARTICU	LARS	4 .4	MEDICAL CE	RTIFICATE OF	DEATH	
	3 SEX	male.	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Lugle	16 DATE OF		(Month)	(Day) , 191	
should be stated EXAC, be properly classified, if certificate.	6 DAT	TE OF BIRT	H Qu	nth) (Day)	, 19/J (Year)	any	, 191	5, to @	, 191	5,
AGE shit may b	7 AGE	••••	Stat l	mos. ds.	If LESS fhan 1 day, hrs. OR min.?		eath occurred o		ted above, atr s:	n.
s, so that	part (b)	CUPATION ) Trade, profes ticular kind of ) General naturaliness, or esta	e of industry	Nme			) <del>1,51</del>	(Duralion)	yrs. mos.	da.
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ion shoul F DEATH importan	ARENT	OF FAT (State	or country)	anglan A	081121				in deaths from VIOLENT ) whether ACCIDENTAL, NSTITUTIONS, TRANSIEN	TQ
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state CA		(informanf)	buil and	ST OF MY KNOW	LEDGE		of death ?		<u>^</u>	
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	File	ed Mil	1915 U	are needed, address	REGISTRAR  State Registrar.	16 W. Sarátoga	St., Bato., Reques	les y	Sulley	
			11 more pinnas	, are moreoup addition	- con - contract on t	,	J	J'W	1	/

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write Nane business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Coak, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Hausemaid, etc. taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomative engineer, For persons who have no occupation whatever If the occupation has been changed Never return If retired from "Laborer,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No fit death occurred in St: .....Ward) a hospital or institution, RECORD give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED Write the word) HEREBY CERTIFY. That I sttanded deceased from (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... mio. ? BOCCUPATION proper GE (a) Trade, profession, or (b) General nature of industry, pc business, or establishment in may which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) that It 10 NAME OF FATHER 50 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place in the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. (State or country) DEATH State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. It not at place of death?... OF usual residence mportant. Every it DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can-State cause for Examples: O.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be only when needed. As examples: (a) Spinner, (b) Collon write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more of the second statement. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, on statement of eause of death approved by Committee and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. to determine definitely. birth or miscarriage "Heart failure," "Haemorrhage," "Inamition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puerperal septichaemia," Examples: Accidental drowning; Never report mere "Exhaustion,"



1	1	PLACE OF DEATH	STATE OF MARYLAND
	Cour	Mill. Co.	CERTIFICATE OF DEATH
	Cour	B	Registration Dist. No. 22
6.	4 3 mg F	Mead lin 1	
Н	Villa	ge or City (No. No. No. No. No. No. No. No. No. No.	St.; Ward) [If death occurred in a hospital or institution,
П	)	A-1/1/ 201/1	give its NAME Instead of street and number,
		2 FULL NAME Walk Jane 01	*Lallyce of street and womder, j
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 55	4 COLOR OR RACE 5 SINGLE, MARRIED, 420	16 DATE OF DEATH AND 31H 1011
	1	MINGLE BOLLK ORDIVORCED	(Month) (Day) (Year)
	6		17 I. HEREBY OFFITIFY, That I attended deceased from
	. OA	TE OF BIRTH	(1912), to fully 1912,
	5	(Month) 0) 9 (May) 0, 1 (Year)	that I last saw h M alive on lessy 34 , 1917,
	7 AG		and that death occurred on the date stated above, at
5		1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
	8.0		
	( a	Trade, profession, or Thanks were level	Equation 1000
		) General nature of Industry	
1	pa:	siness, or establishment in fich employer)	(Duration) yrs. mos ds.
	-	IRTHPLACE A	Contributory Charles
		(State or country) PLes Co. Md	10-1-
		10 NAME OF JAMES OF	(Burylian) yrs. mós. ds.
	,	FATHER Windenry Chanklew	(Signod) M. O.
5	ST	11 BIRTHPLACE BUT NO MILE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
2	E	(State or country)	CAUSES, state (1) Means of Injury; and (2) whether Accidental,
	PARENT	OF MOTHER MANUE TO TO LOSAUMA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
		13 BIRTHPLACE O P. A Sign	OR RECENT RESIDENTS) At place In the
2		(State or country) Les C. Md	of death yrs. mos. ds. Stete, yrs. mos. ds. Where was disease contracted,
	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
		(Informant) Such Coarler	Former or usual rasidence
		1. 1. 1-AP	19 PLACE OF BURIAL OR REMOVAL DATE OF BURGAL
3		(Address) Washing won 20	Man 1/2 R Vala 52 1916
5	15	A11 1 1 - 4 1 1 1 1 1 1	20 UNDERTAKER H ADORESS A
	Fil	ed Syllmand, 1915 The REGISTRAR	Las Ostween Laurelomic
		If more blanks are needed, address State Registrar,	
		I more summe are accused accused registration	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day loborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionory fireman, etc. But in cian, Compasitor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway troin—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL perilonities," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uramia," "Weakness, "Heart failure," "H: emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (neerly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report merc Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcomo, etc., of..... (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-(Recommendations



V. S. No. 1.

YSICIANS should state occupation is very	Village or City Jessupo (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 12  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PH of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
stated EXACTLY. 1. Exact statemen	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Wordower 6 DATE OF BIRTH  1874	16 DATE OF DEATH Aug 22, 1915  Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 9, 1915, to lug 22, 1915;	
d. AGE should be properly classified	(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry,	that I last saw h 124 alive on Cting 21, 191 and that death occurred on the date stated above, at 6.30Am The CAUSE OF DEATH* was as follows:  Pulmonary Tuberculous	
that it may be certificate.	business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland	Contributory Secondary (Duration) yrs mos ds.	
should be c terms, so on back of	10 NAME OF FATHER Dalloway  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	(Signed) (Address) (Address) (M. D. Aug 22, 1913 (Address) (Addres	
em of information si OF DEATH in plain it. See instructions of	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. 2 mos 26 ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.	
N. B.—Every item CAUSE OF Important.	File Angrul 22 1915 L F Hashulz  File Angrul 22 1915 L FEGISTRAR  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  13 allo md, Arguett 3, 191  20 UNDERTAKER  Work  Tranklin St., Balto, Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Nervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a defluite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hamition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," (Recommendations ou statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhanstion," Never report cause for For vio-



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PLACE OF DEATH 13100	STATE OF MARYLAND
County A A Md.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City S. Baltimore (No. 19,	Seker St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead
2 FULL NAME Nanda Gosz !	utor c of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal My't Single, MARRIED M9 4  Hual My't ORDIVERCED (Write the work)	16 DATE OF DEATH Aug 7, 1915  Alonth) (Day (Year)
6 DATE OF BIRTH  Geb. 2,1914	The I last saw h or alive on 1915.
7 AGE (Month) (Day (Yeaf)  1 day,hrs. ORmin.?	and that death occurred on the date stated above, at // m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Gastro Enteritis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos / 5 ds.
(State or country) Bustantes bay	Contributory Secondary  Ouration  Try  Try  Try  Try  Try  Try  Try  Tr
10 NAME OF Wecenty Gosztutió	(Signed) C. J. Fredom, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	* tate the DISEASE CAUSING DEATH, Qr. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STRUMBLE OF MANAGEMENT.
of Mother Michaling Stronton	BLENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TANKS
13 BIRTHPLACE OF MOTHER (State or country)  Mussiau.	At place in the of death yrs, mos. ds. State yrs, mos. ds
(Informant) Wi certy Sosstutio	Where was disease contracted,  If not at place of death?  Former or  usual residence
(Address) So Falto. Mg	19 PLAGE OF BURIAL OR REMOVAL OF BURIAL
Fileding 8, 1915 1/3 Borton May	William Fiall owell 1618- Earles
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U.S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for cause, Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory Measles (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent)



RD CTLY. PHYSICIANS	Village or City Annapolis (No. Glorie  2 FULL NAME Louise Harn	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2/  st.; 2 Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
RECORD EXACT sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENT RE stated E orly classi	Finale White Single, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
FOR BINDI HIS IS A PERMA AGE should be tit may be propel back of certifica		that I last saw h a live on 29 , 191 S and that death occurred on the date stated above, at 30 m  The CAUSE OF DEATH * was as follows:
NFADING INK—Ti carefully supplied. ain terms, so that	(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Churapolis Myd	(Ourelien) / yre. mos. di
No. 1.  WRITE PLAINLY, WITH UN Should state CAUSE OF DEATH in plain OCCUPATION is very important. See	10 NAME OF FATHER Solomedy Tragier  11 BIRTHPLACE OF FATHER (State or country) Mairie  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) Crucafiolis Ald  13 BIRTHPLACE OF MOTHER (State or country) Crucafiolis Ald  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE  (Informant) Alas Source of Mairie Alla Source of Mothers of Mothers of Maintageolis Alla  (Address) Crucafiolis Alla  16  Filed Aug 31, 1915— Amswelch	(Signed)  , 181. (Address)  *State the DISPASE CAUSING DEATH, Or, an deather from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mee. ds. Stata, yrs. mes. de.  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  20 ONOERTAKER  ADDRESS
N. S.	If more blanks are needed, address State Registrar,	16/W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Housemaid, etc. who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, urespective of age. ness of various pursuits can be known. The question mobile factory. especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. head-homicide; Poisoned by carbolic ocid-probably to determine definitely. "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Meosles; Whooping birth or miscarriage by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL septichaemia," Examples: Accidental drowning; State cause for which Never "Exhaustion," report mere



1 PLACE OF DEATH STATE OF MARYLAND of PHYSICIANS ct statement CERTIFICATE OF DEATH County Registration Dist. No. If death occorred to -Ward) a hospital or institution. Exac give its NAME instead of street and number. I EXACTL RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated MARRIED WIDOWED (Year) (Write the word) (Month (Day) properly certificate 17 That I attended deceased from 6 DATE OF BIRTH pino pe (Day) (Year) 7 AGE If LESS than of may that death occurred on the date stated above. ш 1 day, \_ hrs. back O The CAUSE OF DEATH \* was as follows: min. ? OR 44 ..... mos. so that OCCUPATION
(a) Trade, profession, or 00 ed Sug suppli particular kind of work NX (b) General nature of lodustry terms, instructi business, or establishment in UNFADING > which employed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary plain 10 NAME OF c FATHER (Signed) ATH Important PARENTS (Address) 11 BIRTHPLACE OF FATHER \*State the DISPANN CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (!) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country) ш 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER E OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE in the At place Infor OF MOTHER CAUS WRITE 9 of death ..... YTS. mes. State. (State or country) Should state CAI Where was diseese contracted, if nut at place of death? Former or usual residence DATE OF BURIAL (Address' 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, ctc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CALTING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physiwrite None. For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retained from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same term for the same disease. Examples: Cerebrosper of the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage "Old Age," "Shock," "Uraemia," "Weakness, The contributory (secondary or intercuras "Puerperal septichaemia," State cause for which report mere

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SEP 7 1915 BURJEAU.V.S.

PERMANENT proper pe UNFADING may that 0 plain Instructions 2 of inform DEATH Item OF CAUSE OF

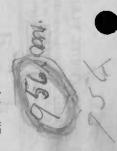
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred to a hospital or institution give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, Marie (Month) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Year) (Dav TAGE It LESS than and that death occurred on the date stated above. 1 day,.....hrs. The CAUSE OF DEATH\* OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory.... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... mos. .... State Where was disease contracted. It not at place of death? Former or usual residence. 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; it should be used only when needed. As examples: applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. lication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-



valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; "Exhaustion,"



N. B.

PLACE OF DEATH 13103	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty	Registration Dist, No. 2/
Village or City Carry, Tarck (No	St.; Ward) [If death occurred la a hospital or Institution, give its NAME instead
2 FULL NAME Mary amella	LEunings of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurals Color OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Sugle ORDIVORCED Sugle	DATE OF DEATH (Year), 1915
6 DATE OF BIRTH NOV- 15-, 1914	that I last saw h. La. alive on Alice A.
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
yrs O mos ds OR min. ?	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or	Denling
particular kind of work	Ovening the yrs mos ds.
State or country) Camp sarole, Ma	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF Lows JENNINGS	(Signed) And Andrew M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Mary Anowden.	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country) South River Indi	At place In the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Domo Jannings	Former or usual residence
(Address) F. O Camp Parte me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed aug 6, 1915 Ams Welch REGISTRAR	20 UN DERTAKER ON SON 92 WEST OF
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehacaant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions apswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

N. B.—Every.item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN WRITE V. S. No. 1.

Cour	1 PLACE OF DEATH  Inty  Inty  PLACE OF DEATH  IND.  PLACE OF DEATH	State of Maryland CERTIFICATE of DEATH  Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Colored Single, MARRIED, Married, OR DIVORCED (Write the word)	16 DATE OF DEATH Lay 132 (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DA	May wint, 1874 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
3 (a bu: wh	CCUPATION a) Trade, profession, or rilcular kind of work b) General nature of Industry siness, or establishment in hich employed (or employer)  IRTHPLACE (State or country)  Anne Area Set Co	(Ourstien) yrs. 5 mes ds.  Contributory Jaunhu & fall Mans.
PARENTS	10 NAME OF FATHER Thomas. H. Jennings.  11 BIRTHPLACE OF FATHER (State or country) Anni Arindel Co.  12 MAIDEN NAME	(Signed) State the DIMEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUIGIOAL OF HOMEDIAL.
14 TI	OF MOTHER GEOTGE DOSON  13 BIRTHPLACE OF MOTHER (State or country) Anni Arundi Co  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Continued to the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At pisce In the st desth yrs. mes. ds. Stats, yrs. mos. ds. Where was disease contracted, if not at piscs of desth? Former or usual residence
16	(Address) Sarleigh HPG  1915 Homes N. Downshuir  REGISTRAR  If more blanks are needed, address State Registrar,	John Rek Crue S. 18 1915.  20 UNDERTAKER Parken & Con 92 West 8

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more of the second statement. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the -Caal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tdanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronie valvular heart disease; Chronie interstilial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritanaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonilis," etc. "Heart failure," "Hacmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "Puenderna," "Dropsy," State cause for which (Recommendations "Exhaustion," to punon



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH

131.05 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ....

St.;....Ward)

[It death occorred in a hospital or institution, give Its NAME lostead

FULL NAME James William	Johnson of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5 single, Married, Widoweo, Orovorero (Write the word)	16 DATE OF DEATH  Aug 1, 1912  (Month) (Day (Year)  17 I hereby Certify. That I attended deceased from
6 DATE OF BIRTH	
October 14th, 1914 (Month) (Day (Year)	that I last saw h
7 AGE It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Summe Complant.
which employed (or employer)	Contributory (Ouration) yrs mos. Os.
(State or country) Marley a. a. co-MM	Secondary (Duration) yrs mos ds.
of 11 BIRTHPLACE  11 BIRTHPLACE  OF FATHER	(Signed) fames S. Bellengsley, M. D.  agg 1, 191 (Address) Elizaber.
(State or country) Marley a, a, co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER DIA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, or RECENT RESIDENTS)  At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. de
(Informant) James Thomas Johnson ather	If not at place ot death?  Former or osual residence.
(Address) Maryley a, a, co.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed aus 2 1915. A. S. Bellingsten	TURNIACE Vande - 1910 - 1910 ADDRESS
REGISTRAR	ansliving Demy

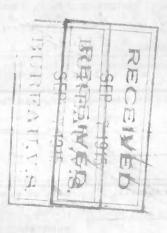
If more blanks are needed, address State Registrar, 6 E. Franklin St., Bayto., Requesting y. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foremau," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the Disease Causing Dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclachildbirth or misearriage as "Puerperal septichaccte, when a definite disease can be ascertained as the thenla," "Anaemla" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asete. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERTERAL peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Wcakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

0,0	1 PLACE OF DEATH	STATE OF MARYLAND
AN	County Anne drundel	CERTIFICATE OF DEATH
I CI	Outrey	Registration Dist. No. 2
IYS tate	Crounsvell State Hos	4.0.()
D +1	Village or City Court and Thou	St; Ward) [If death occurred in a hospital or institution,
×ac.	: 1/1	give its NAME instead of street and number.
17.	2 FULL NAME 4 airy form	or street and number.
d EXAC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 6	16 DATE OF DEATH august 2 1916
y cl	Female Black (Write the word)	(Month) (Day) (Year)
perly cate	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	AA. b.	July 28 , 1914, to any , 2 , 1913,
se pro	(Month) (Day) (Year)	that I last saw h alive on ang 2, 1915,
0 24	7 AGE If LESS than	and that death occurred on the date stated above, at .7 20 and
GE	/ 8 yrs, × mos, × ds, OR min.?	The CAUSE OF DEATH * was as follows:
t it	B OCCUPATION	Oupercuea pentonitis
the the	(a) Trade, profession, or	.,
Sono	(b) General nature of lodustry	
fully si terms, struct	business, or establishment in which employed (or employer)	(Duration) × yrs. 2 mos. × ds.
ter	9 BIRTHPLACE (State or country)	Contributory Pulmonary / whereulosi
ain e	(State or country) Maryland	(Buration) yrs. mos. ds.
Se	10 NAME OF FATHER	(Signed) John Merodons
PTE	a saak stones	a. 15% 1 ( Marine 11 74)
EATH portan		*State the Dispass Causing Drath, or, in deaths from Violent
DE	Z OF FATHER (State or country) Maryland  C 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULVIDAL OF HOMICIDAL.
V In	a OF MOTHER Sallie Morris	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Ver T	13 BIRTHPLACE OF MOTHER	At place , In the Airs & Livil
AUS.	(State or country)	of deathyrsmasds. State,yrsmosds. Where wes disease contracted,
ON O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
tat	(Informant) Hospilal Records	Former or usual residence Bishops, Worcester Country
y iter Id st	Galance mail	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every shoul	(Address) Continue te VVa	Hospital Comelary 8/6 1915
m 20	15 Filed / 6 1915	20 UNDERTAKER ADDRESS
œ	Filed , 1910 Registrar	N- P. Wrulerode Supt watertun
Z	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		na

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, applies to each and every person, irrespective of age. business first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits ean be known. For persons who have no occupation whatever, or industry, and therefore an additional line If the occupation has been changed Never return "Laborer," If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; · Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the "An emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-suicide. The nature of the injury, as fracture of skull, Struck to determine definitely. Examples: Accidental drowning, cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measies; Whooping by railway train-accident; Revolver wound The contributory (secondary or intereur-State cause for which Never report mere



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution. give its NAME Instead

MEDICAL	CERTIFICATE OF	DEATH
6 DATE OF DEATH	August	20 1910
	(Month)	(Day) (Year)
n (luce 3	TIFY, That I attend	
that I last saw here	live on Mug	1913
and that death occurre	d on the date state	dabove, at
The CAUSE OF DEATH	·	
HE CAUSE OF DEATH	* Was as follows:	
~ //		1
Carcin	oma 1.	Kowa Jan
Carcin	oma g	Nove Jan
Contributory		Vnv- Sau yrs. 11 mos.
Contributory	(Ouration)	yrs. // mos.
Contributory	(Ouration)	yrs. // mos.
Contributory	(Duration)	yrs. // mos.
Contributory	(Duration)	yrs. // mos

DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Tarcia

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronehopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means or injury and qualify as accidental, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc., cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, cte. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerperal septichaemia," State cause for which "Atrophy,"



V. S. No. 1.

e Z

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	courred in nstitution, instead number.]
2 LESINGE 16	
Male Black Single, Murried 16 DATE OF DEATH  WIDOWED OR DIVORCED (Month) (Day)  1 HEREBY CERTIFY, That I attended decease	_
**The Cause of Death ** was as follows:    Comparior   Comparior	
9 BIRTHPLACE (State or country) Secondary	
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  13 MAIDEN NAME OF MOTHER  14 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA	M. G
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) in known  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) family Candy (Informant)	
(Address) Assistant 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA  15 Filed August 12, 1912 14 2 14 assistant 20 UNDERTAKER ADDRESS  16 DIF more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

STATE OF MADVIAND

# CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Pay luborer, Furn luborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer." mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoengineer, Stationary freman, etc. But in many cases, engaged in domestie service for wages, as Servout, Cook, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, applies to each and every person, prespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, At home. Care should be Locomotive engineer, Giril If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated Struck by railway train-occident; Revolver wound birth or misearriage as "Puenperan septicharmia," head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state means of injury and quality as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," lapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important. mephritis, etc. The contributory (secondary opintercurcough; ('hronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Meosles, Whooping ges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of . . . . . "Anaemia" (merely symptomatie), Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Debility" ("Con-Never report mere "Atrophy," "Exhanstion,"



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 10	
PLACE OF DEATH 13100	STATE OF MARYLAND
101113	CERTIFICATE OF DEATH
Gounty 4 4	CERTIFICATE OF BEATT
-1	Registration Dist. No.
Village or City Walshury (No.	St.; Ward)  [If death occurred in a hospital or institution give its NAME Instead of street and number.]
FULL NAME / Juny	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR OLVORGED WIDOWCED	18 DATE OF DEATH
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH unknown	/- 28 , 1917 to \$ 2 , 191.7
(Month) (Day) (Year)	that I last saw h Lalive on S- 1
AGE unknowe If LESS than	and that death occurred on the date stated above, at
f day,hrs.	The CAUSE OF DEATH* was as follows:
O 9 yrs. mos. ds. OR. min.?	
a) Trade, profession, or	Myrcushly
particular kind of work	
(b) General nature of Industry, business, or establishment in	(Duration)
which employed (or employer)	(Duration) yrsmosds.
(State or country)	(Secondary)
10 NAME OF Hames Jucker	(Signed) AAR (Duration) yrs mos ds
	U
11 BIRTHPLACE OFFATHER (State or country)  Calvert to	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT
12 MAIDEN NAME Mary Jucker	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTED
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of death yrs
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) alice In Wilson	Former or usual residence
Waterbury had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Baldwin Man Cecula 8/4 1915
Filed 5 199 Registran	20 UNDERTAKER , ADDRESS Walutury no
If more bianks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V S No. 1
	To Itu. I.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise spect-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viochildbirth or miscarriage. as "Turreral scotichae mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent (name origin; "Can State cause for Examples: 0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUTTEN C.V.A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Pally Em	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) St.: St.: Ward) St.: Ward) St.: St.: St.: St.: St.: St.: St.: St.:	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4 COLOR OR RACE 5 SINGLE, MARRIED, WYDOWED, ORDIVORCED (Write the word) (Wonth) (Day (Year)	16 DATE OF DEATH (Month (Day (Year))  17 I HEREBY CERTIFY That I attended deceased from	
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary	
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or county) CULU  12 MAIDEN NAME OF MOTHER	(Signed) / AVI (Address) / Yrs max Ca.  (Signed) / AVI (Address) / AVI (Addres	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs ds. State yrs mos ds  Where was disease contracted, Hoot at place of death?	
(Address) St Balto - Milaul  (Address) St Balto - Milaul  16 Filed aug 2 ns 1910 TB North 2018	Former or  USUAI residence  19 PLACE OF BURIAL OF REMOVAL  COLOR HULL CINCLE, CLUEL, 1910  20 UNDERTAKER  ADDRESS:	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coul material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retlred from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puereeral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association,) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallstctanus) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head



	PLACE OF DEATH	STATE OF MARYLAND
Co	unty Anne Somalel 60	CERTIFICATE OF DEATH
301	MILITY MARKET CO.	Registration Dist, No. 2
	$A_2$ $A_3$	Angel del 60 [If death occurred in
VIII	age or City Stange (Ne. Tange	ward) a hospital or institution,
	01.01. of	give Its NAME Instead of street and nomber.]
FULL NAME / Mean Leman		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 3 8		16 DATE OF DEATH SUS. 1215
111	ale White (Write the word)	(Month) (Day (Year)
4		I HEREBY CERTIFY, That I attended deceased from
DI	ATE OF BIRTH	Jan, 1915, to Mug / , 1915,
	(Month) (Day (Year)	that I last saw him allve on July Z/ ,1915
7 A	,	and that death occurred on the date stated above, at 3 m,
	8.3 vrs 5 mas / 5 ds OR min 2	The CAUSE OF DEATH* was as ioliows:
8 .	710,	
	CCUPATION ) Trade, profession, or	mitral montpency
-	rticular kind of work	
(b) General nature of industry, business, or establishment in		(Duration) yrs mos, ds.
	ch emplayed (or employer)	Contributory
a Bi	(State or country)	Secondary
	10 NAME OF 1 11 Cf	(Duration) yrs mos ds.
	FATHER John It Leman	(Signed) farmes O. Bellingelio, N. D.
TS	11 BIRTHPLACE OF FATHER	Useq (, 1915 (Address) Elvatory May
EN	(State or country) Doubland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PARENTS	12 MAIDEN NAME TB	
Δ,	Maria Porville	6 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of Mother (State or country) Scottland	At piace to the of death yrs, mos ds. State yrs, mos ds
4 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Mary J. 6 Hassmass.	Former or
(Informant)		usual residence
	(Address) Fineger Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0 1500. 1 Loude		souther wall during the
Filed cloud 191) . J. U. I sellengslig		20 UNDERTAKER OF TOUR ADDRESS
-	If more blanks are needed address State Poster	M. a Mrs John W Sellfer 801 W. Trayette &
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valeular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . (name origin; "Cancer" is less definite; avoid use of "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," genital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Hacmorrhage," "Inanition," "Marasby railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion,"



PHYSICIANS shoul RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, BINDING ORDIVORCED (Write the word) classified. 4 (fonth) (Day (Year) 7 AGE If LESS than 1 day hrs. OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or 0 NX particular kind of work. supplied. pe (b) General nature of industry. UNFADING business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 6 ARGIN terms, n back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME of Inc.
DEATH In preplain OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. . Where was disease contracted. if not at place of death? Former or OF Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

1 PLACE OF DEATH

7 M

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

If death occurred in a hospital or institution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH . 191.0. (Day (Year) I HEREBY CERTIFY, That I attended deceased from 191 0 2: 594 and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as lollows: (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

In the

State

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia (Preumonia," unqualified. is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (uame origin; "Cun ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vioetc., when a definite disease can be ascertained as the genltal," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Semile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustlon," Never report



V. S. No. 1.

1 PLACE OF DEATH stated EXACTLY. PHYSICIANS rly classified, Exact statement of Village or City RECORD properly classified PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIEO, WIDOWED OR DIVORCEO (Write the word) 3 SEX 4 COLOR OR RACE 5 PERMANENT back of certificate should be 6 DATE OF BIRTH pe (Month) (Day) 4 It LESS I TAGE it may AGE 2 1 day,.... THIS OR min that 8 OCCUPATION
(a) Trade, profession, or plain terms, so that See Instructions on supplied particular kind of work X (b) General nature of industry business, or establishment in UNFADING which employed (or employer carefully 9 BIRTHPLACE (State or country) 10 NAME OF pe CAUSE OF DEATH In FATHER WITH Every item of information should should state CAUSE OF DEATH I OCCUPATION Is very Important. PARENTS 11 BIRTHPLACE OF FATHER (State or country) PLAINLY, 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE State or country WRITE KNOWLEGGE (intermant) (Address 15 8 ż

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

fit death occurred in

ues		give Its NAN of street and	AE instead
MEDICAL O	CERTIFICATE	OF DEATH	
16 DATE OF GEATH	any	23	. 191
	(Month)	(Day)	(Year)
Mas Olcad,		ttended decea	sed from
that I last saw ha	live on	***************************************	, 191
and that death occurred	d on the date s	totad above at	6P.
Enlery ad		ws:	
man es	lees		
	(Quratton)	yrs,mı	. 4
(Signed) State the DIREASE (CAUSES, State (1) MEANS SUICIDAL or HOMICIDAL.	(Address) / Causing Death, o	Lucuru Lucuru r. in deaths from	VIOLENT DENTAL,
18 LENGTH OF RESIDENCE	FOR HOSPITALS	, INSTITUTIONS, T	RANSIEN'
OR RECENT RESIDENTS) Af place sf deethyrsmss Whors was disease contracted, If not at place of death?	In the	s is,yrs	nos
ti nul at hises of nogili t			
Former or usus! residence			
Former or	REMOVAL :	OATE OF BUR	IIAL
Former or usus! residence	REMOVAL	OATE OF BUR	11AL 4 1916
Former or usus! residence	REMOVAL	OATE OF BUR  AND 2  AOORESS	,, ,

If more blanks are needed, address State Regists

[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton state occupation at beginning of illness. employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Pealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, The material worked on may form part If retired from without more The question (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Fronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, SUICIDAL, or MOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "Puerperal perilonitis," etc. birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," punound



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No.

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EXACTLY. PHYSICIANS sified. Exact statement of <sup>2</sup> FULL NAME classified. PERSONAL AND STATISTICAL PARTICUL SINGLE, 4 COLOR OR RACE should be stated MARRIED, WIDOWED OR DIVORCED (Write the word) it may be properly back of certificate. 6 DATE OF BIRTH (Month) 7 AGE AGE 0 .... mes.:: supplied. 8 OCCUPATION
(2) Trade, profession, or plain terms, so that See instructions on particular kind of work (b) General nature of lodustry business, or establishment in carefully which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF pe FATHER C should important. ATH OF FATHER (State or country) RENT W 12 MAIDEN NAME 0 of information OF MOTHER N.O Every Item of informateshould state CAUSE OOCCUPATION is very 13 BIRTHPLACE OF MOTHER (State or country) WRITE 14 THE ABOVE IS BEST OF MY KNOWLED (Informant (Address' 15 m

PLACE OF DEATH

County

明儿

13115

(Day)

### STATE OF MARYLAND CERTIFICATE OF DEATH

·	Registration Dist. No. 23
u Q	St; Ward)  a hospital or institution, give its NAME instead in street and number.]
RS	MEDICAL CERTIFICATE OF DEATH
3.	16 DATE OF DEATH LUGUST 10, 1915 (Math) (Day) (Year)
, 1915 (Year)	that I jest saw ham alive on Que. 9, 1915,
If LESS than 1-day, hrs. OR min.?	and that death occurred on the date stated above, at
•	Marasmus
	Contributory Secondary
	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Burglien)  (M. 0.  (M. 0.  (Address)  (Burglien)  (M. 0.  (M. 0.  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed
ngess	CAUSES, state (1) MEANS OF INAULY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yre
	If not at place of death?
nie 1	July Durying ground Date of BURIAL
LEGISTRAR	Dalto Balto
ate Registrer 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

If more blanks are needed,

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or wife; Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons the duties of the honsehold only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Colton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return "Laborer," At home. Care should be If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Preumonia," mehin-unqualified, is indefinite); Tuberculosis of hungs, mehin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicluemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "An nemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," Never report mere (Recommendations "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto,, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH 13117	STATE OF MARYLAND
an and I I	CERTIFICATE OF DEATH
County Vinne Usin now	S S S S S S S S S S S S S S S S S S S
16 11 12 12 12 12 12 12 12 12 12 12 12 12	Registration Dist. No.
Village or City Wardow (No.	St.: Ward) [If death occurred in
	a hospitat or institution,
2 FULL NAME John Joero	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE 5 SINGLE, MARRIED MARRIED	18 DATE OF DEATH ONE 10 1915
Male White OR DIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	17. I HEREBY CERTIFY, That I attended deceased from
Was based	, 191, to, 191, 191
(Month) (Day) (Year)	that I last saw h alive pn
7 AGE 1 If LESS than	and that death occurred on the date stated above, at
don't / 9 1 day, hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. OR mln.?	
8 OCCUPATION (a) Trade, profession, or	acadental Drowning
Positicular kind of work	
(b) General nature of industry business, or establishment in	(Ourstien) rrs. mos ds
which employed (or employer)  9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	(Duration) prs. mos. de
FATHER 9	(Signed) Milian J. Mysmell ground &
U II BIRTHPLACE	May 18, 1915 (Address Amelolia Mayland.
Z OF FATHER (State or country)	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whicher Accidental,
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  A  A  A  A  A  A  A  A  A  A  A  A  A	SUICIOAL OF HOMICIOAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE DE MOTHER	At place
(State or country)	ot desth yrs. mes. ds. State, yrs. mes. ds.  Where was dissese centracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at piece et douth?
(informant) Las Jaylor, Sons	Fermer er usust residence
(Address) anopolis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(AUDIESS)	Baltimore md ang 13, 1015
Filed Aug 13, 1915 - Ang Welch	20 UNDERTAKER ADDRESS
REGISTRAR	Jas 5 Laylon Sons Qunaporti
If more blanks are needed, address State Registrar,	M. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," mobile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupacompositor, Architect, Locomotive engineer, etc. But in many For persons who have no occupation whatever, But in many cases, If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Pronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No... I'lf death occurred in St .: .....Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED.X WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) \_\_\_\_\_yrs\_\_\_\_mos.....ds. which employed (or employer) ..... Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS (State or country) \*State the DISEASE CAUSING DEATH, or, th deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? (interment) -----OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise specicases, especially in Industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

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Bowman Anno

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraenia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably TENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; Never report



V. S. No. 1.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County-Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME instead ot street and number.] **2FULL NAM** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED (Month) (Year) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from that I isst saw harm allve on ..... (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at, t day.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ...... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place le the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs.\_\_\_ Where was disease contracted. If not at place of death?... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 30 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Village or City Rooklyn (No. 101)  *FULL NAME Amir Bligge	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  St.; Ward)  St.; Ward)  Ward of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeucale Hele (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	May 15, 1915, to asy 5, 1915, that I is at saw home alive on and 19, 1915
7 AGE 38 yrs mos. 27 ds. OR mio.?	and that death occurred on the date stated above, at 9.30 m, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry,	replinto
business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **BIRTHPLACE** (State or country)	Contributory Alluma Convolution (Secondary)  (Deration) yrs mos ds.
11 BIRTHPLACE	(Signed) ####
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Balteriore	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted.
(Informant) (Informant)	It not at place of death?  Former or usual residence
15 Fileder 20, 191 Chast Brook REGISTRAR	Description of Removal Date of Burial Description of State of St
If more blanks are needed, address State Registrar	, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATH'S state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Afrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of nant neoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; & Can-The nature of the Never-report



V. S. No. 1.

LACE OF DEATH

Village or Gity Trace's Lawing (No. 2FULL NAME Sucie Par	CERTIFICATE OF DEATH  Registration Dist. No. 96  St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frundle to lite Single, Single, MARRIED, Single, Single, Married, Married, Single, Married, Married, Single, Married, Single, Married, Married	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY That I attended deceased from
TAGE  AGE  TOTAL STREET TO THE STREET THE ST	that I last saw her allve on Aug. 23 1915.  and that death occurred on the date stated above, at 10 N. m.
**Soccupation (a) Trade, profession, or particular kind of work  (b) General nature of lodustry, (Sam Ofo, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	The CAUSE OF DEATH* was as follows:
11 BIRTHPLACE OF MOTHER (State or country)  12 Maiden Name of Grand Parkey  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) Fro. C. Pours,  (Address) Fracy Ludie  (Address) 15  Filed Lug. 25, 1915 At Torra	Where was disease contracted, If not at place of death?  Former or  USUAl residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  Strar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defibite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Idanitiod," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anacmia" (mercly symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion,"

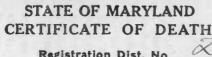


V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



Registration Dist. No ...

Vil	lage or City Welling (No	St.; Ward) [It death occurred in a hospital or institution,
	FULL NAME	des give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Fruit Color or race 5 single, Married, Widowed, With the word)	DATE OF DEATH (NY, S, 1915) (Minth) (Day (Year)
6 p	ATE OF BIRTH  (Moneu) (Day (Year)	that I last saw h alive oh, 191
7 A		and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION ) Trade, protession, or ricular kind of work.  Deneral nature of industry, siness, or establishment in ich employed (or employer)	the mother has left or Buth  Of Cline a (Duration) yrs. mos. ds.
	18 (State or country)  10 NAME OF FATHER WAY TAMALA (POLICE)	Contributory Secondary  (Duration) yrs mos ds.  (Signed) M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent OAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
4	13 BIRTHPLACE OF MOTHER (State or country)	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds
14 ,	(Informant) Wortung Teles	Where was disease contracted, tt not at place of death?  Former or usual residence
15 FI	(Address) Della Steries Company (Address) At Herries (Address) (Ad	PATE OF BURIAL OR REMOVAL  PATE OF BURIAL  QUE 9
	It more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fieation as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

schsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (mereiy symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medicai Association.) eause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of by carbolic acid—probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease eausing death), 29 ds.; "Senile," cte.), "Dropsy," "Exhaustion,"



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PHYSICIANS

RECORD

PLAGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St: .....Ward) a hospital or institution. give its NAME instead of street and number. ] <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO. WICOWED. ORDIVORCED Write the word) HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work: (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. ..... Where was disease contracted If not at place of death? Former or usual residence REMOVAL DATE OF BURIAL Address) ..... 15 20 UNDERTAKER ADDRESS RECISTRAR

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATH'S state MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "PUERPEBAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritls nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .... Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 State cause for Examples: For vio-



(Address).

15

Village or City Pro	H 13124 Le Mo. C	STATE OF MA CERTIFICATE O Registration Di St.; Ward	of DEATH st. No. 26
PERSONAL AND STA	TISTICAL PARTICULARS	MEDIGAL CERTIFICATE C	F DEATH
Frmale Black	RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day (Year)
TAGE	onth) (Day (Year)  If LESS than	that I set saw h. alive on	10 1913.
BOCCUPATION (a) Trade, profession, or particular kind of work	2	The CAUSE OF DEATH* was an follows:	
(b) General nature of Industry, business, or establishment in which employed (or employer)		(Duration)	yrs. mos. 5 ds.
9 BIRTHPLACE (State or country)	nd'	Gontributory Secondary  (Ruration)	yrs mas ds.
10 NAME OF FATHER OF STATHER (State or country)  12 Mailden Ame 73  12 Mailden Ame 73	And.	(Signed)	Loudree, mis
13 BIRTHPLACE OF MOTHER (State or country)	Para Fross	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)  Al place In the	

KNOWLEDGE

REGISTRAR

TELENGTH OF RESIDENCE (FOR H	OSPITALS, I	101101101	S, IRANSIEN	ITI
Al place	In the			
of death yrs mos ds.	State	YFS	mos.	16
Where was disease contracted, If not at place of death?				
Former or				
usual residence				

20 ONDERTAKER

If more blanks are needed, address State Registra, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. gainfully employed, as At school or At home. Care who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

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If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7 1915

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County Time arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Erownsville State  2 FULL NAME Wesley PA	[tf death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single Male Black OR DIVORCEO (Write the word)	16 DATE OF OEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That Lattended deceased from
TAGE    Content   Content   1883   Content   1883   Content   Cont	that I last saw he alive on Jung 191 5 and that death occurred on the date stated above, at 2130 4m The CAUSE OF DEATH * was as follows:  Gerebral abscess
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland	Contributory Secondary
10 NAME OF FATHER Leven J Price  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME Pleasant Beckette	(Signed)  (Signe
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At piacs of death
(Informant) Yospital	Former er workester County
(Address)  15  Filed  If more blanks are needed, address State Registrar,	PLACE OF BURIAL OR REMOVAL  VOSPITAL  Cuestary Cliq 12, 191  20 UNDERTAKER  ADORESS  Walshiry  16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	vud.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," write None. engaged in domestic service for wages, as Servant, Cook precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Hausemaid, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomolive engineer, stationary fireman, etc. But in many For persons who have no occupation whatever, ctc. If the occupation has been changed But in many cases, If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railway train-accident; Revolver wound to determine definitely. Examples: birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart-disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheoping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercuras "PUERPERAL scplichuemia," Accidental drowning; Never report mere



V. S. No. 1.

N. 18.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS carefully supplied. so that it may be of certificate. DEATH in plain terms, so that it me See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF DEATH in plain terms, s Important.

PLACE OF DEATH 13126 County Chris andel



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

	S	ŧ.	9					W	a	r	d	)
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[if death occurred in a hospital or institution, give its NAME instead of street and number. )

	²FULL NAME	mphies
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Trans	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mowth) (Day (Year)
6 DATE O	8 7 ,19/5	that I last saw h alive on 191
7 AGE	(Month) (Day (Year)  If LESS tha 1 day,hrs ORmln.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
particular	protession, or kind of work	They born
business, (	or establishment in loyed (or employer)	(Duration) yrs mos ds.
9 BIRTHP (State	country) Marylan &	Gontributory Secondary
10 N	AME OF John W Punkhun	(Signed) (Quration) frs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from Violent
4 12 M	of Mother In ambroad Powels	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
0	RTHPLACE F MOTHER State or country)  Murylan	OR RECENT RESIDENTS) At place In the of death yrs mos ds
14 THE A	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or  usual residence.
15 (A	iddress) md	PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  DATE OF BURIAL  19 PLACE OF BURIAL  PATE OF BURIAL  19 PLACE OF BURIAL  10 PLACE O
Filed Lu	eg. 8, 1915 A Verri	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Tay laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlon tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa thus: Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Salcsman, "Foreman," (7)

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Auaemia" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronic ecr" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State eause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ".Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae-



### V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

		the state of the s		
	PLACE OF DEATH 3 27	STATE OF MARYLAND		
		CERTIFICATE OF DEATH		
Co	ounty ( - ( -	CERTIFICATE OF DEATH		
		Registration Dist. No.		
	(1)	P. O Sars. 11		
VII	lage or City Mayotis (No. 2 2 1	Funcola (dace 4 Ward) [If death occurred in a hospital or institution,		
	10° 00	give its NAME lostead		
	Product - F	of street and nomber.]		
	2FULL NAME	Marason		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 8		16 DATE OF DEATH ANDRIAN		
0	MARRIED AMERICA	1915		
0	Terrala Colord (Write the word)	(Month) (Day (Year)		
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
	(1110, 170 915	, 191, to		
	(Month) (Day (Year)	that I last saw h alive on		
7 A				
	1 day, B. hrs.	and that death occurred on the date stated above, at 4.30 a.m.		
	yrs mos ds OR min.?	The CAUSE OF DEATH * was as follows:		
8 0	CCUPATION	Collakse of the lungs		
(a	) Trade, profession, or			
	rticular kind of work	A		
bus	siness, or establishment in	(Duradian)		
	ich emplayed (or employer)	(Duration)yrsmosds.		
9 B	(State or country)	Secondary		
	(envalotis Md.	(Buddien)		
	10 NAME OF A B	William B WE W 18 mos as.		
	FATHER LEVY Richardson	(Signed)		
S	11 BIRTHPLACE	ang 10, 1915 (Address) Any lot wo		
ARENTS	(State or country) (MM) Surface Ya-	State the DISEASE CAUSING DEATH of in deaths from Vices		
2	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
4	OF MOTHER Tale Kinnlife			
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	OF MOTHER (State or country) Will alocal Mid	At place to the		
1.4		of death yrs mos ds. State yrs mos ds Where was disease contracted,		
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?		
	(Informant) Levy Richardson	Former or		
	90 \$ P. D. O.D.	usual residence		
	(Address) And Amcolph Palacei	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15	a ment of	Cobung CEMI -, 8, 90 10, 191.5-		
FII	led (My 10 1915 11 7 17 16)	20 UNDERTAKER ADDRESS		
-	REGISTRAR	E H Branken & Son 92 West ST		
If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.				
forwarde per Musicalia.				

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupatious a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valeular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the genital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



LY. PHYSICIANS Exact statement of	Coun	ty Anne Arundel ge or City Solley (No,	STATE OF MARYLAND CERTIFICATE OF DEATH, Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
t		2 FULL NAME / OSE TW // OSE	
Sific		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXAC	3 SE)	hale 3. Single, MARRIEO, WIOWED OR DIVORCE (Write the word)	16 OATE OF OEATH  (Month) (Day), (Year)
hould be sta be properly certificate.	6 OA-	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Ceo		(Month) (Day) (Year)	that I last saw have alive on alive on 191.5,
AGE skit may k	7 AGI	yrs. 9 mes. // ds.   1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at 2.4 m. The CAUSE OF DEATH ** was as follows:
so that	(a)	CUPATION ) Trade, profession, or floular kind of work	6 home Sastro-Enfertes.
fully sup terms, s structio	bus	) General nature of industry siness, or establishment in ch employed (or employer)	(Duration) yrs.
5 5 5	9 81	(State or country) anne armedel lo	Secondary (Qurelien) vrs. mes. ds.
be Sp		10 NAME OF John Ross	(Signed) Netice W CV M. O.
Should ATH ortant	RENTS	11 BIRTHPLACE OF FATHER (State or country)	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
formation shou USE OF DEAT Is very importa	PARE	12 MAIOEN NAME Eleanora Miller	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
		13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS)  At place in the of deathyrsmosds. State,yrsmosds.
Every item of in should state CA OCCUPATION		(Informant) Richard Miller	Where was disease contrected,  If not af place of death?  Former or  usual residence
ould s		(Address) Solley Ind	Than less Book Church, AUG 18 1915
B.—Ev	15 File	aug 18 1915 TB. Looten Ma	20 UNDERTAKER ARMS ARMS ARMS ARMS ARMS ARMS ARMS ARM
z		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, ctc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from The question (b) Auto-Civil

Statement of Cause of Death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

"PUERPERAL peritonitis," etc. State cause for which on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Urarmia," "Weakness," genital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion, Never report mere (Recommendations "Atrophy," nound



BINDING

FOR

RESERVED

MARGIN

Village or City Assafration (No. 75019	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead				
2 FULL NAME TAROLO 10	ush ot street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Male White Single, Wakesome OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)				
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from				
Mukuowa 1 (Year) (Year)	that I last saw h alive on ,191 ,191 ,191 ,191 ,191 ,191 ,191 ,19				
7 AGE Shart 48 It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at /2Im.  The CAUSE OF DEATH * was as follows:				
(a) Trade, profession, or fuercas or particular kind of work  (b) General nature of Industry					
business, or establishment in Tusturing Aleanus  which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary				
10 NAME OF Philipping	(Signed) 1 - I Musuck Corpner of				
11 BIRTHPLACE OF FATHER (State or country) M. Kinowii  12 MAIDEN NAME OF MOTHER  Mukuwur,	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.				
13 BIRTHPLACE OF MOTHER (State or country)  Curkerioure  Charles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place to the ef deeth				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) and Frahmy Steemen	Where wes dissess controlled,  If not at place of death?  Former or  usual residence				
(Address) Byrdfon Va	Cedar Bluf Cent aug 5, 1915				
Filed Quy 5, 1915 Am Swilch REGISTRAN	Jas J. Jay lu. Sons Whendrole				
If more blanks are needed, address State Regiatrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *Al Home*, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, ctc. But in many first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part But in many cases, without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, suicidal, or as. probably such, if impossible to determine definitely. Examples: Accidental drowning; ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver The contributory (secondary or intercurwound



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villago or City (No. (No. )	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE MARRIED, WIDDWED OR DIVORCED O	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)
Month)  TAGE  (Month)  (Month)  (Month)  (Month)  (Month)  (Year)  (Year)  (Year)  (Aday, hrs.	17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, that I last saw halive on 191, and that death occurred on the date stated above, at 191, the CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishmeni in which employed (or employer)  BIRTHPLACE (State or country)	(Burstien) yrs. mes. ds.  Contributory Secondary
10 NAME OF FATHER Pur Segment  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME	(Signed) (Suration) yrs mes ds.  (Signed) (Address) (Address) (M. 0.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Culla Horrard  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCENTS, OR RECENT RESIDENTS) Al pisce in this ef desth yrs. mes. ds. Stats, yrs. mes. ds. Where was disease contracted, If not at piacs ef death? Former er usual residence
(Address)  Filed Aug 5, 1915 The Document of Fred Registran  If more blanks are needed, address State Registrar, 1	19 PLACE OF BURIAL OR REMOVAL  MULY NEOF  20 UNDERTAKER  ADDRESS  LUCLION

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. Housemaid, etc. of the second statement. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronby railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Atrophy," "Exhaustion," ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915
BURRAU, V.S.

statement PERMANENT classified. D proper supplied. pe UNFADING may that 20 terms, n back plain ATH in plain Instructions 0 HO Every It

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PHYSICIANS

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fif death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED ... WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH . 191..... to (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at.... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 rolaise. BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) ..mos......ds. which employed (or employer) ... 9 BIRTHPLACE Contributory. (State or country Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State Where was disease contracted. It not at placa of death?-Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the oecupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," cte., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is necbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Ccrebrospinal fever\* (the only definite synonym is "Epidemie eerbrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup";) \*Typhoid fever\* (never report "Typhoid pneumonia"); \*Lobar pneumonia; \*Bronchopneumonia\* unqualified, is indefinite): \*Tuberculests of lungs, meninges, peritonaeum, etc., \*Carcinlests of lungs, peritonaeum, etc., \*Carcinlests of

cte, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Meastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Tuerperal septichaccause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The eontributory (seeondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7 1915
BURBATI.V.S.

1 DI ACE OF DEATH

è	2 FULL NAME Harry J. Sines	\ = 1 \(\hat{1}\) E
<u> </u>	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married (Write the word) Married	Alonth  I HEREBY CERTIFY, That I is
6 DA	July 25 , 1.883 (Month) (Day) (Year)	that I last saw h alive on
7 AG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and that death occurred on the date: The CAUSE OF DEATH * was as follows:
8 oc (a	32 yrs 1 mos 1 ds or min.?  CCUPATION  1) Trade, profession, or Fireman (Stationary Engine)  ricular kind of work	Co den
3 (a pai	32 yrs 1 mos 1 ds   OR min.?	Containatory TO VIV
3 pai (b bus wh	32 yrs. 1 mos. 1 ds. or min.?  CCUPATION  Trade, profession, or Fireman (Stationary Engine)  General nature of industry  siness, or establishment in  ich employed (or employer)	(Calent
3 pal 3 (b bus wh 9 Bi	32 yrs. 1 mos. 1 ds. or min.?  CCUPATION () Trade, profession, or Fireman (Stationary Engine) () General nature of industry siness, or establishment in inch employed (or employer)  INTHPLACE (State or country)  Maryland  10 NAME OF FATHER Alonzo Sines	Containatory Containan  Containatory Containan  (Signed) Angel (Address)
3 pai (b bus wh	CCUPATION 1) Trade, profession, or Fireman (Stationary Engine) 1) General nature of industry siness, or establishment in ich employed (or employer)    RTHPLACE (State or country)   Marvland     10 NAME OF FATHER   Alonzo Sines     11 BIRTHPLACE	(Signed)  Containatory  Security  191. (Address)  Australian  (Signed)  Pente the Disease Causing Dearth, Causis, state (1) Means of Injury; and Suicloal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITAL)
3 pai bus wh 9 BI	32 yrs. 1 mos. 1 ds. or min.?  CCUPATION () Trade, profession, or Fireman (Stationary Engine) () General nature of industry siness, or establishment in inch employed (or employer)  IRTHPLACE (State or country)  Maryland  10 NAME OF FATHER Alonzo Sines  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER	(Signed)  Secondary  Containatory  Containatory  Containatory  Containatory  Containatory  Containatory  Containatory  Poste the Disease Causing Death, Causes, state (1) Means of Injury; and Suicloal or Homicidal.

ND EATH

If death occurred in

hospital or institution, ye its NAME instead street and number.]

(Day) deceased from ...., 191...., ...., 191...., bove, at .....m. hs from VOLENT TIONS, TRANSIENTS, s. ..... ds.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Caok, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm labarer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Catton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," lapse," "Coma," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-State cause for which Never report mere "Atrophy," acid-probably "Exhaustion,"



tement of	PLACE OF DEATH 13138  County Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
ACTLY PHY ed. Exact sta	Village or City Wagner's Point (No. 41 Thir	Mard)  St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
Tie X	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O PEATH
stated E ly classi e.	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single (Write the word) Single	16 DATE OF DEATH Aug 26 (Month) (Day) , 196
ficat	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
be pr	August 18 , 1905 (Month) (Day) , (Year	
o Z S	7 AGE If LESS that 1 day, br	and that death occurred on the date Stated above, at
it m	10 yrs. 0 mos. 8 ds. OR min.	The CAUSE OF, DEATH # was as follows:
that on	8 OCCUPATION (a) Trade, profession, or	Cederlas
Sooi	particular kind of work	A Carring
terms,	business, or establishment in which employed (or employer)	(Duratlop) yrs. mos. ds
in te	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary
in pla	10 NAME OF Harry J.Sines.	(signed) fames of fayler granter
ATH	U II BIRTHPLACE Maryland - Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
tion shows F DEAT importa	12 MAIDEN NAME OF MOTHER Warv M. Selis	Cfuses, state (1) Means of Injury; and (2) whether Accidental, Scicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
forma USE O Is very	13 BIRTHPLACE OF MOTHER (State or country) Maryland	OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmosds
ON	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
C # [	(Informant) Wary M. Sines	Former or usual residence
should sta	(Address) Washer's Point Md.	OFDAR PUTT OATE OF BURIAL AUG 30 1915
8. E	Flee Dry 27, 1915 The Artin M. REGISTRAR	20 UNDERTAKER ARMSTRONG DENNY CO. 7/5-L., ht St
2 =		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the piecast causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used engineer, Stationory fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from The question (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., \*epsis, tetquus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracnia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valentar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of railway troin-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere



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RECORD

PHYSICIANS should state of OCCUPATION IS very Village or City ura amelia Sun statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, (Write the word) 6 DATE OF BIRTH 5 properly classified. (Year) (Month) It LESS than 7 AGE pluods 1 day, .....hrs. OR .... min. ? mos. AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. (b) General nature of Industry, pe business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER ō pe back 11 BIRTHPLACE RENT terms, pluode OF FATHER (State or country) 6 12 MAIDEN NAME plain A OF MOTHER See instructions information \_ 13 BIRTHPLACE OF MOTHER of inford Item Important. CAUSE ( (Address) 15 œ REGISTRAR ż

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

St.;....Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDI	ICAL CERTIFICATE OF DEATH
18 DATE OF DEATH	8 27 , 1915 (Month) (Day) (Year)
17 I HEF	REBY CERTIFY, That I attended deceased from 1914, to 8 26 1915
hat I last saw h	
	red on the date stated above, at
	e Inkrafikal
nephr	(Duration) / vrs Z mas 9 de
Contributory (Secondary)	Mital mempetere
(Signed) The	(Ouration) yrs 6 mos ds
8/27 , 191.	5 (Address) Hanner 2nd
*State the DISEAS CAUSES, state (1) TAL, SUICIDAL, or 1	SE CAUSING DEATH, or, in deaths from VIOLENT MEANS OF INJURY; and (2) whether Acciden-Homicidal.
18 LENGTH OF RESI OR RECENT RESIDE AT DIACE	DENCE (FOR MORPITALS, INSTITUTIONS, TRANSIENTS IN the
ot death yrs	mos. ds. State yrs, mos. ds
Former or usual residence	
20 UNDERTAKER	mying Ground 8/28 , 1915
Chin &	Dickner Sas Balto Mid. Requesting V. S. No. 1.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At heme. Care duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulessary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dipneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scottchacetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can State cause for "Exhaustion," Never report Examples:

If this certificate is tooked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificated is permanently filed.

RECEIVE SEP 41915 BUREAU,V

No. 1. V. S.

		PLACE OF DEATH 13135	STATE OF MAI	
	Count	y Anne Arundel	CERTIFICATE O	3
			Registration Dis	t. No. 40
	Villag	e or City South Rive (No	St.; Ward)	[If death occurred in a hosp!lai or institution, give its NAME instead et street and number.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
	3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Write the word	16 DATE OF DEATH (Month)	(S. P. 30 , 1915 (Day) (Year)
200	6 DAT	TE OF BIRTH	17 I HEREBY CERTIFY, That I att	ended deceased from
ertille.		Aug 30-, 1915 (Month) (Day) (Year)	that I last saw halive on	191, 191,
5	7 AGE	11 1/1/min	and that death occurred on the date st	ated above, atm.
2 2	6	more of gestation or min.?	The CAUSE OF DEATH * was as follow	vs:
2	8 00	CUPATION	Marke - Min-	
200		) Trade, profession, or licular kind of work		***************************************
nectio	bus	) General nature of industry iness, or establishment in ch employed (or employer)	(Ouration)	yrsds.
1DSCI	9 BI	RTHPLACE (State or country) Many land	Contributory Secondary	
0		10 NAME OF FATHER Nelson & horican	(Signed) John Collins	yrs mbl ds
ortan	RENTS	11 BIRTHPLACE OF FATHER (State or country) Many land	Attack the Disease Causing Death, or Causes, state (I) Means of Injury; and Suicidal or Homicidal.	in deaths from Violent
5	PARE	12 MAIDEN NAME OF MOTHER		
Very	ā.	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS,  OR RECENT RESIDENTS) At place In the	INSTITUTIONS, TRANSIENTS,
0)		OF MOTHER (State or country) Maryland		yrsds.
0	14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
A		(Informant) Ella / Johnson	Former or susual residence	
200		(Address) Douth River Ald	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Š	15	1 0 1 0 00	Bouil Rever	A110, 30 191 5.
	File	1 Aug. 30, 1915 golm Ceollinson	20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be of the second statement. Never return "Laborer," mobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train—accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the mus," "Old Age," "Shoek," "Uracnia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H-emorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valuular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of The contributory (secondary or intercurcarbolic acid—probably report mere



	50		1 PLACE	OF DEATH	13136		STATE OF MARYLAND	
	A	Cou	nty a	a		1	CERTIFICATE OF DEATH	
	statement o	Out			4	1/2	Registration Dist. No. 2/	
	179			Mand.				la.
	g 42	Villa	ige or City	Skedu	COLL (No.		St; Ward) [If death occurred a hospital or institution	n,
1	Exact				10	911.10.	give its NAME inster	
O G			<sup>2</sup> FU	LL NAME	juius ,	roma	en ocquey	-2
• BECORD	ited EXACT		PERSO	NAL AND STA	TISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
_ E	lass	3 5	X	4 COLOR OR RA	MARRIEO /	1/. 1	16 DATE OF DEATH Comp 3/ 191	5-
0 7		1/	Male	Welored	WIDOWED OR OIVORCED (Write the word)	schroer	(Day) (Yea	
A LO	be sta perly cate.	6 D/	ATE OF BIRT	TH G	(WYSES SEC WOLL)		17 I HEREBY CERTIFY, That I attended deceased fr	om
Z	0			Mr	chun -	1	, 1913 , to Co 3 , 1910	F
0 0	should be pre		1 4	***************************************	(Month) (Day)	(Year)	that I last saw h alive on 26 , 191	5
~ 0	11 80	TAC	alout	- 0 :		If LESS than	and that death occurred on the date stated above, at 12.30	m
0	AGE it m back	. (	Now	80 vrs	ds.	or min.?	The CAUSE OF DEATH * was as follows:	
F 2		8.0	CCUPATION		, 1		Curue 19ug lists	
0	plied o tha	, LL pa	CCUPATION a) Trade, profes articular kind o	ssion, or	arma		[.]	******
> =	o n o U	1	) General natu	re of industry				
E 2	fully su terms, structi	W	isiness, or est hich employed (	Adushment in or employer)			(Quration) yrs. 6 mos.	de
8	n te		State or cou		a 1.	1.1.	Contributory Secondary	
田田	0 0 0			0.	U. 10.	Md	(Outation) yrs. mos.	de
	Se		10 NAME	DF R	11		(Signed) To Layer	M. 0
Z	PIE	Ŋ	11 BIRTHP	TACE!	us oups	rey	Ling 31. 1815 (Address) Faring to	
200	shou EAT porta	ENT	OFFAT	HER or country)	Marylan	ill	State the DISEASE CAUSING DEATH, or, in deaths from VioLent Causes, state (1) Means of Injury; and (2) whether Accidental,	
A N	3 6	Œ	12 MAIDE	N NAME	· I a		Suigidal or Homicidal.	
Σ	E OF	PA		1/0	ency Car	n	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS)	NTS
- 1	SP		13 BIRTHE	THER or country)	Melaland	1	At place . In the	de
	infor CAUS N is v	14 -	HE ABOVE	Control of the Contro	BEST OF MY KNOWL	L,	of death yrs. mes de. State, yrs. mos	us
- *	000		HE ABOVE	The Idea	- COO	COGE	If not at place of death?	
	star		(Informant)	10 syll		006	usual residence	
	Every Item of should state OCCUPATIO		(Address	si a	inguis ;	rid	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL	-
i	L Ve	15			- how or mi	20	Broad ruch Syst 1, 191.	(
No.		1. 7.1.	led ang	31 1915	A/W 8/1/26	ch	20 ONDERTAKER ADDRESS	,
တ်	m m			^		REGISTRAR	gas 1. My in. John amajor	1
>	-		/	If more bt	anks are needed, address	State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	1

A STATE OF THE STA

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. write None. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning, "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichaemio," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronie valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of State cause for which Never report mere "Exhaustion,"



1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foremon, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosts of lungs, menin-

"PUERPERAL peritonitis," etc. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of by railwoy The contributory (seeondary or intercurtrain-accident; Revolver wound "Uracmia," "Weakness, State cause for which Never report mere



	PLACE OF DEATH 13138	STATE OF MARYLAND CERTIFICATE OF DEATH
\	Village or City Cast Tost (No. 389)	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Frencals Color of RACE 5 SINGLE, MARRIED, WIDOWED ON OTTORCED SINGLS (WIDOWED ON OTTORCED SINGLS)	16 DATE OF DEATH (Month) (10my) (Year)
certificate	DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191 3, to , 191 4, that I last saw h alive on , 191 4,
back of	yrs. S mos. C ds. or min.?	and that death occurred on the date stated above, at
ructions	G OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Several Ourston Miss moo. do.
See inst	9 BIRTHPLACE (State or country) am of olis and	Secondary  (Oerellen)  (Oerellen)  (Oerellen)
ant	TATHER  MYS: Inomasi  I' BIRTHPLACE OF FATHER (State or country)  I' MAIDEN NAME  12 MAIDEN NAME	State 11 DISPASE CAUSING DISATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCHENTAL
very import	12 MAIDEN NAME OF MOTHER BRATILA SAUMEN 13 BIRTHPLACE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the set death yes. It not at place at death?
OCCUPATION	(Informant) Lastes Momas  (Address) 389 Earlant ave	19 PLACE OF BURIAL OR REMOVAL  LOTAN WESCER (EMI - 8 / 5
0   '	Filed Aug 14, 1915— The Wild REGISTRAR  If more blanks are needed, address State Registrar, 1	EABTAKER V Son 92 WEST 81.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Locomotive engineer, But in many cases, If retired from Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanis) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus, genital," "Senile," etc.), "Dropsy," "Exhaustion, "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions," "Debility" ("Con-"Annemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "," "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which "Atrophy," Never report mere wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEVED SEP 71915

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIEO, WIGOWEO, OR ON ON OR	18 DATE OF DEATH 1915 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  (Month) (Day) (Year)	Chiga 29, 1915, to Chig 29, 1915, that-I last saw h 21, alive on 20, 191
TAGE  If LESS than 1 day,hrs. ORmin.?  BOCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	and that death occurred on the date stated above, at 12130 am.  The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) (Si
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) College Only	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Aug 29,1815 Ams Waleh	Cedas Inve Con Cuig 29, 1915 20 UNDERTAKER  Weather & Is Murray Co
if more blanks are needed, address State Registrar, 6 E	Franklin St., Balto, Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Housewife, Housework, or At Home, and children, not mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puebpebal septichaegenital," "Seniie," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio



nt or	PLACE OF SEATH 13141	STATE OF MARYLAND CERTIFICATE OF DEATH
Exact stateme	Village or City Watson Wharf-3 2 FULL NAME And Sur Wi	Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
ea.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
cate.	Male White the word  That of BIRTH  Sex 4 COLOR OR HAGE 5 SINGLE, MARRIED MARRIED MOVING MARRIED MARRIED MOVING MICHOR HAGE 15 SINGLE, MARRIED MARRIED MOVING MARRIED MARRIED MARRIED MOVING WING the word)	16 OATE OF DEATH  (Monch)  (Monch)  (Day)  (Year)  17   HEREBY CERTIFY, That Jattended deceased from
of certificate	7 AGE Month) (Day) (Year)	that I last saw handlive on and that death occurred on the date stated above, at 191 m.
on back	33 yrs. 9 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:  Cocident
Instructions	particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	(Durstion) yrs. mos. ds.
See inst	9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Buration) yrg. mos. ds.
	of Harmer while	(Signed) Lang (Address) Dr. o Llyn, m.
ry important	OF FATHER (State of country)  12 MAIDEN NAME Elizabeth Namn	CAUSIN State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDE OF HOMICIDAL.  OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENCE)
N is very	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place  At place  of death yrs. mes. ds. Stels, yrs. mes. ds.  Where was disease contracted,  if not at place of death?
OCCUPATION	(informant) MM D. Wills	Former or usual residence  19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
סככר	16 Fleway 16, 1915 Thomas Andrews Medistran	Mestern Cemetery Aug 18-1015 SUNDERTAKER COURS Batto, md.
	If more blanks are needed, address State Registrar, i	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Ferm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever,

unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar pneumonia. Pronchopneumonia spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie eerebro-CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted Typhoid fever (never report "Typhoid pneumonia"); term for the same disease. Examples: Statement of Cause of Death-Name, first, the DISEASE ("Pneumonia, Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head—homicide; Poisoned by carbolic acid—probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles Whooping cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred to St:....Ward) a hospital or Institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S BINGLE. BEEX 4 COLOR OR RACE MARRIED, Marriel (Year) Write the word) ! HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191....., to ... that I last saw h...... alive on ..... (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at. 1 day .....hrs. OR ..... 7 SOCCUPATION (a) Trade, profession, or particular kind of work .... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory... 9 BIRTHPLACE (State or country) (Secondary) 1D NAME OF FATHER RENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidend TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the -OF MOTHER (State or country) of death ..... yrs. .... mos. .... State ..... yrs, ..... mos. ... Where was disease contracted. If not at place of death?..... Former or (informant) ... usual residence. DATE OF PURIAL (Address) 15 Filed .... If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) -Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: But in many For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerresal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples:



Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT ciassifled. should -THIS properly supplied. Pe UNFADING may terms. plain of Information 2 DEATH WRITE Item OF

#### certificate. 10 back -Instructions See mportant. Every

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

Filed.

OF MOTHER

OF MOTHER (State or country)

4100

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or lostitution, give its NAME lastead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f day,.....hrs. OR ..... 7 mos... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----State or country) Contributory Secondary (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT

16 +1 / 200 7, C 1918 ... (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_

Where was disease confracted. If not at place of death?

usual residence PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKE

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

KNOWLEDGE

REGISTRAR

### REVISED UNITED STATES STANDARD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms and the many has been been accorded to the state CAUSE OF DEATH in plain terms and the state of the state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

; Who. ase c

DIBICITY OF OCCUPA

gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthrui-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr rcturn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lodar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted Statement of cause of death-Name, first, the disease Typhoid fever (never report "Typhoid

> mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uracmia," "Weakness," affection need not be stated unless important. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asetc. The contributory ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report valvular heart assease; Thronic in-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) of

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